

# BANKRUPTCY FAX TRANSMISSION

**DATE:** Wednesday, June 21, 2006

**TO:** Lisa Thomas (816) 936-5775  
OGC VII, Kansas City  
Fax Number: (816) 936-5963

**FROM:**  
Name: \_\_\_\_\_  
FO CODE: \_\_\_\_\_  
Administrative #: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
  
Address: \_\_\_\_\_

***Information Requested by OGC:***

Claimant's Name: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Title II/SSI Overpayment or Both Involved?      Both Title II/SSI  
Date of Overpayment: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Amount of Overpayment: \_\_\_\_\_  
PSC of Jurisdiction: \_\_\_\_\_  
Location of the Folder: \_\_\_\_\_

***Please attach a copy of the MBR/SSID along with a screen print of the DFBP input you made to stop recovery of the overpayment.***